VS A1S (4) 15M 9/58

09031

	9007	CERTIFIC	ALE OF BEATH		Reg. Dist. No.
	ACE OF DEATH COUNTY Charles.	MARYLAND	2. USUAL RESIDENCE (Where on STATE	deceased lived. If institution b. COUNTY	on: Residence before admission)
b	CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town)	12 days.	c. CITY OR TOWN (If outsid	e corporote limits, write RL	URAL and give nearest town)
d	NAME OF HOSPITAL (If not in haspital, give str PRINSTITUTION Memori	111 - 1	1 HILLTOP		e. IS RESIDEN ON A FAR YES NO
Đ	AME OF ECEASED KATIEFIRST PRINTING	V Middle	TAILE	DATE Mont	th Day Year 19 (
s. si	-0100 1 1 1 1 1 1 1 1 1 1	ARRIED NEVER MARRIED DIVORCED DIVORCED	17 March 188	9. AGE (In years lost birthday) yrs.	Months Days Hours A
10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	At Home	USTRY 11. BIRTHPLACE (State or for	reign country)	U.S.A.
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAMI		
	Hugh P. Posey		Ella Bowie		
IS. V	VAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT	Addr	ess .
[Yes,	No (If yes, give war or dates of service)	Unknown M	rs. Katie V. Wri	ght -	
T	B. CAUSE OF DEATH [Enter only one couse pe				INTERVAL BETWE
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	5 halina			ONSET AND DEA
ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	the each fer	DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTO
$_{\rm P}$	* 1				YES NO
CER	OR CONTRIBUTING TO CAUSE OF DEATH		RED. (Enter nature of injury in Part porch to grou:		
	Oc. TIME OF INJURY Month, Day, Year 20		PLACE OF INJURY (Home, farm, 2 octory, street, office bldg., etc.)	Of. (City or town)	(County) (
MEDI		work of work	home	Hilltop	Chas Md.
	21. I certify that I ottended the dec	eosed fram 20 Jul	7 , 1960, 10 Z	my 1960,1	that I last saw the dece
	olive an 1 August, 1	9 4 D, and that deat	h accurred at 1014 M.	from the causes and	d an the date stated ob
	ACTUAL ACTUAL SIGNATURE	de.	M.D. JARWO	RESS (Street, city or town, sop CLIIVIC	state) PATE SIG
	PHYSICIAN'S ARTHUR C	. WOODDY	LA-P	LATA M	D .
220.	BURIAL, CREMATION, 22b. DATE THEREOF 8/4/1960	22c. NAME OF CEMETERY Pisgah Metho	The state of the s	LOCATION (City, town, or Pisgah, Mar	
	uneral director's signature rehart Funeral Home,	ADDRESS Inc La Plata	, Maryland AUG		STRAR'S SIGNATURE

eraac to management signed

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	sind risk			
	V 22893 .	THE DIRECTOR		
		William St. Co.		
	·			
Breeze Co.				
BELLEVILLE THE STATE OF THE STA		*		THEFTHE
	Tall all all and .			Carried !

law requires that the death certificate be executed within 24 hours after death. Page 4 the funeral directar, Pages 1 and 2 should be filted TO HOSPITAL OR ATTENDING PHYSICIAN: The formula of the death certificate be executed within 24 may be retained by the haspital ar attending yisician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled gage 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9058 **CERTIFICATE OF DEATH**

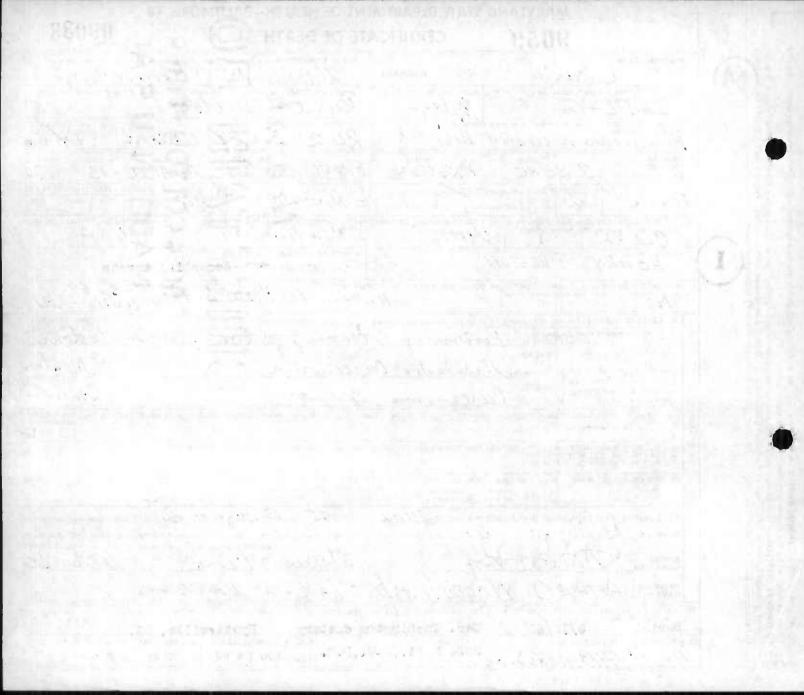
9058	CERTIFIC	ATE OF DEATH		Reg. Dist. No. 09032
1. PLACE OF DEATH o. COUNTY Charles	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution b. COUNT	ution: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest tawn)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside corporate limits, write	e RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION Washington Aug.	ress)	d. STREET ADDRESS	ofm Aux	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Natalie	Middle	DIGGES	4. DATE OF AU	South Start 21 1960
ternal U.S.W WIDOWED		May 28, 18	7.5 9. AGE (In year last birthdoy	ns. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIN during most of working life, even if retired)	N Home	1/1	and	12. CITIZEN OF WHAT COUNTRY?
John J. JENK	CIAL SECURITY NO.	Maric	Simm	ddress
(Yes, no, or unknown) (If yes, give war ar dates of service)	lone J	DLND. Dig	ges, Laf	Plata, Md.
18. CAUSE OF DEATH [Enter only one cause per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	or (a), (b), and (c).]	this fewlow		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate (b)	tensclen	tre heart o	distase	5 years.
lying couse last. DUE TO (c)	mate	rodus		Byeau .
PART II. OTHER SIGNIFICANT CONDITIONS CON COLUMN J. COLUMN 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CENTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION G	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	BE HOW INJURY OCCURR	ED. (Enter noture of injury in P	art I or Port II af item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJU While of work D	Nat whilefi	LACE OF INJURY (Home, farm, actary, street, affice bldg., etc.)		(County) (State)
21. I certify that I attended the deceased alive an 21 Ausart, 196	4	, 19 <u>49</u> , ta_2 h accurred at <u>6.45</u> A)	//	Cthat I last saw the deceased and an the date stated abave.
ACTUAL SIGNATURE	dy.		ADDRESS (Street, city or tow	
PHYSICIAN'S ARTHUR O. C	UCODDY. A	no La	Plata. Il	eyland.
220. BURIAL, CREMATION, 22b. DATE THEREOF SEMOVAL (Specify) 8-23-60	2c. NAME OF CEMETERY	DR CREMATORY	22d. LOCATION (City, town	N Md.
23. FUNERAL DIRECTOR'S SIGNATURE The Huartt Funeral Ha	ADDRESS /	24a. REC'D		GISTRAR'S SIGNATURE

A PARTY - Due you see you WO ALL TO PROPER CONTRACTOR Circuli Consephen doct The second of th over any seal but the collection of the least to the land

VS A15 (4) 15M 9/5B

		9059	CERTIFIC	ATE OF DEATH		(19033) Reg. Dist. No.
	PLACE OF DEATH	arles	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived. If institute b. COUNTY	ion: Residence before admission)
t	CITY OR TOWN (If outside RURAL and give nearest to	le carporate limits, write	E. LENGTH OF STAY IN 16	Rural -	liside carporate limits, write l	RURAL and give nearest fawn)
	NAME OF HOSPITAL (IF INSTITUTION Physicans	- //	1 11 1	RD 2 Bo	x 69 ans	ldorf e. IS RESIDENCE ON A ARM? YES NO
	NAME OF DECEASED Type or print)	CRENE	PRESTON	FROST.	4. DATE MO OF DEATH AUG	nth Day Year 1057 13 1960
5.5		OLOR OR RACE 7. MAR	RIED AVEVER MARRIED DIVORCED DIVORCED	5 Nov 190	9. AGE (In years last hirthdoy) yrs	Months Doys Hours Min.
10a	USUAL OCCUPATION (Giverning most of working life	ve kind af work done 10b e, even if retired)	KIND OF BUSINESS OR INDI	NEW YORK		12. CITIZEN OF WHAT COUNTRY?
13.	HENRY	PRESTON	/	14. MOTHER'S MAIDEN NA	Josephine	
	WAS DECEASED EVER IN U.	. S. ARMED FORCES? 16 ive war or dates of service)	SOCIAL SECURITY NO.	INFORMANT WITH	lam L. FRO	Gress # 2 Box \$9 ST Waldorf. MI
	1B. CAUSE OF DEATH [E PART I. DEATH WA IMME Conditions, if any, wh gave rise to immedicause (a), stoting the unitying couse last.	S CAUSED BY: DIATE CAUSE (a) DUE TO nich ote DUE TO	esperator Co	Elapse, p Carcinoma Breat	ulmany Cer	Ments.
CATION		(c) (c) (c)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	al disease condition GI	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	USE OF DEATH	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Pa	ort I or Part II of item 18.)	
MEDICAL	20c, TIME OF INJURY Mor Hour a.m. p. m.	While	t.	LACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I calive an 1.3 ACTUAL SIGNATURE PHYSICIAN'S ARTH	La . 1	sed fram JUNI 60, and that deat by	h occurred at 6:5TP A		T, that I last saw the deceased and an the date stated above. , stote) DATE SIGNED 13 Aug 60
220	BURIAL, CREMATION, 221 BURIAL (Specify) Burial	B/18/60	Geo. Washingt		22d. LOCATION (City, town,	ма
23.	FUNERAL DIRECTOR'S SIGN	INCH'S SON	3034 M St., N		- 1 0 10 2	ISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



		-	~		
GULS		JO TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by	SS page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 :		1
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9060 **CERTIFICATE OF DEATH**

(19034) Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY CHOCKES MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Odry Carl b. COUNTY Chartes
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) A Dury 4/ 45	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECRASED (Type or print) Pinnie Eugend	Grander death August 5 1960.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 72 Mace 1 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 8. DATE OF BIRTH 72 Months Days Hours Min. Min. Months Days Hours Min. M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) When I worker of working life.	STRY 11. BIRTHPORE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. A.
13. FATHER'S NAME Clyde Ris on	14. MOTHER'S MAIDEN NAME Bowie
tyes no or unknown! . (if was give war or dates of service) :	S Dorothy Golding, 49 Highland Place of
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate	cinome Stomach Interval Between ONSET AND DEATH 3 mos.
couse (a), stoting the <u>under-lying couse last.</u> Couse (a), stoting the <u>under-lying couse last.</u> Couse (b)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL While Not while at work at work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f. (City or town) (County) (State)
ACTUAL F. G. G. GLOG	n accurred at 125 A.M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. S. Tushian Hedd Ave S-5-60
PHYSICIAN'S Frank A. Susan D. E	. Indian Head. Old.
	R CREMATORY 22d. LOCATION (City, town, or county) 72d (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ATEHAT + DEMENDE Homes Le Plate DE	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE AUG 8 '60 0-11 8 Km

THE RESERVE THE PROPERTY OF THE PARTY OF THE OF THE MICH WITHOUT BUILDING STREET, THE COLUMN TO SERVICE STREET, THE PARTY OF THE the way will be a property to the second of the second of

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HE	O AI	R	SI	FA'	TI
TO DEPUTY MEDICAL EXAMINER. The certificate should be executed within 24 hours after death. If any is necessary,	the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 1	4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health	of cremation, or removal, and in any event within 72 hours after death.	TIP Y
AMINER: The co	writing the word	Chief Medical E.	Page 3 should be	to burial cremati)
IY MEDICAL EXAR	ecute the certificate, wi	be forwarded to the (RAL DIRECTOR: Pag	ignated agent, prior to	(
TO DEPU	please ex	4 should	TO FUNE	or its des	

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9() 61 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09035

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
	o. COUNTY MARYLAND	a. STATE b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
1	Write RURAL end give neerest town)	C+ V+ V
-	d. NAME OF HOSAVAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS I IS RESIDENCE
		ON A/FARM?
-	3. NAME OF First Middle	None YES DO
	DECEASED A A A	Lest 4. DATE Month Dey Year OF
	(Type or print) CARTER Co	104/125 DEATH & 20 19 60
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey Months Days Hours Min.
	WIDOWED DIVORCED	MA V 5. 186 77 yrs. Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done guring most of working life, even if telired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
7	Capor (ret) box to land	1/01
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	INK	ANNA
		NFORMANT 100 Address Liple St
	(Yes, no for unkown) (If yes give wer or detes of service) 7/7 - 10-9290	O. o. th Val 1004 Stillen 31
	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Lyster 110 an 13all ma
	PART I. DEATH WAS CAUSED BY:	JA An to Dr SKILL ONSET AND DEATH
1	IMMEDIATE CAUSE (e)	1441046 21100h 1-10-60
	8/6× DUE TO	
	Conditions, if eny, which gave rise to immediate cause	
	(e), stelling the underlying DUE TO A Auto	12 (64 1) 0 2 1
	cause lest. (c) HUTO-FTC	CIDENT (PASSENGER) 8-10.60
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
		YES NO
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 209. DESCRIBE HOW INJURY OCCURED. (E	nter neture of Injury in Pert I or Pert II of item 18.)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA: While Not While at work at work	CE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stele)
	Hour am. 8 -20 19 (a) While Not While et work	The state of the s
	21/I certify that I took charge of the remains described above, hel	
3.	death resulted from: Natural causes . Accident . Suici	
K.		CHIEF MEDICAL EXAMINER
	ACTUAL ACTUAL	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	SIGNATURE	M.D.
	EXAMINER'S NAME (Type)	Address (Street, city, town, or county)
- 2	226. BURLAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR	CREMATORY 22g. LOCATION (Class Idags or dunky) (Stote)
	Sinol 8/28/60 Mew Munino	Star Ring + Course Co. Va.
-	23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAM 246. REGISTRAN'S SIGNATURE
	Il worth Kungood Home Wolald	Md. DABUG 2 4'60 O May & Kinns
-	Trend Trender Nome . Watered	MG. DATEUG 2 4 '60 O What a Frank

the state of the s agnen - 10 to 10 t

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9062 necessary, please exertor. Page 4 should be cremation, Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY O. STATE b. COUNTY Charles Naval Propellant Plant MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CIT OR TOWN (If outside corporate limits, write BURAL burial c. LENGTH OF STAY IN 16 and give nearest town) Few Hours Marbury . Md Indian Head Md
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? None None YES NO DY 3. NAME OF Middle 4. DATE Last Month Day Yeor DECEASED Mercer Francis (Type or print) DEATH 8-17-60 DU. 19 for 5. SEX 6. COLOR OR RACE 7- MARRIED 1 NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Negro WIDOWED | DIVORCED [Male yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. Government P.e Powder Worker USA USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Not Known Not Known 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Naval Records-Propellant Plant Indian Head Ma 214-32-8080 Š. 18. CAUSE OF DEATH Today ber bre per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Injuries Multiple Extreme . Explosion Powder Immediat **DUE TO** Conditions, if ony, which (b) Powder explosion gove rise to immediate couse **DUE TO** (o), stoting the underlying couse last. office in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? None YES | NO T 20g. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Exom plnods word Powder Explosion at Naval Propellant Plant Indian Head Md MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 206. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) 0 m Not while Charles of work at work p. m. Indian Head Factory 21. I certify that I taok charge of the remains described above, held an Autopsy ... Inspection 7 Inquiry w, and find that Y Miscote, with to the Chief L DIRECTOR: death resulted from: Natural causes Accident by Suicide Hamicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER forworded to FUNERAL or removal. 8-17-60 ASSISTANT MEDICAL EXAMINER James E. Andrews MD FYAMINED'S DEPUTY MEDICAL EXAMINER NAME (Type 220. BURIAL, PREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) (Stote) REMOVAL (Specify) 0 8/20/1960 Chicamuxen Methodist Cemeterv Chicamuxen . Maryland Buria ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) AUG 2 2 '60 arthur E. Krous 5M 9/55

DEPUT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CHITIFICATE OF DEATH e me (- 1-January ou. 1. le la bank he l'an 1 225 19 due l'acces - absoci d'avail 046 - FEB. 7 - 11 00 William Company and a large state of the control of with the control of t the little river 1 122 and 1-12 collection from 1991, pages on 1912 for the collection of the Company of The season of th eller of a distance the decision was in a contract to the contract The result of the comment of the contract of t

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9063 CERTIFICATE OF DEATH

(19037) Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY		MARYLA	0 5	ATE		l lived. If institution b. COUNTY			ssion)
Ch	arles	MAKILA	40	Marylan	na		Charle	8	
b. CITY OR TOWN RURAL ond give		write c. LENGTH OF STAY IN	1 b c. C	Newbure	outside corpoi (Rura	rote limits, write RU	JRAL and give	nearest tow	vn)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospitat, giv		d. s	TREET ADDRESS	1000	/		ON	SIDENCE A FARM?
Physican	s Memorial H	ospital						AF2 IV	00 D
3. NAME OF DECEASED (Type or print)	Bertha First	Maria Middle	Murphy	Lost	4. DATE OF DEATH	August	8	Day	Year 1960
5. SEX		MARRIED NEVER MARRIED	_			9. AGE (In years last birthdoy)	Months Day		
Female		VIDOWED DIVORCED [4 , 188		77 yrs.			
Oa. USUAL OCCUPAT during most of wo House W		At Home	INDUSTRY 11.	St. Mary	or foreign co	nty . Md	12. CITIZEN	S.A.	COUNTRY?
3. FATHER'S NAME			14. M	THER'S MAIDEN	NAME				
Robert	Goldsmith			Georgann	a Hill	1			
5. WAS DECEASED EN	ER IN U. S. ARMED FORCE	S? 16. SOCIAL SECURITY NO.	INFORMA	NT		Addre	ess		100
(Yes. no. or unknown) No	(If yes, give war or dates of serv	Unknown	Mr. Le	onard Mu	rphy -	Newburg	, Maryl	land	
18. CAUSE OF D	EATH [Enter only one caus	e per line for (o), (b), ond (c).]					111	NTERVAL B	ETWEEN
Conditions, if gave rise to cause (a), statin lying couse lost	g the under-	eneralized Arte	rioscle	erosis &	Hypert	ension		years	
3		TIONS <u>CONTRIBUTING TO DEATH</u>	H BUT NOT REL	ATED TO THE TERM	INAL DISEASE	E CONDITION GIVE	EN IN PART 1(o	PERF	AUTOPSY ORMED?
OR CONTRIBUTION OF FITHER NOTE	VAS UNDERLYING 2 IG CAUSE OF DEATH Y MEDICAL EXAMINER)	ob. DESCRIBE HOW INJURY OCC			Part I or Port	II of item 18.)			
20c. TIME OF INJU	JRY Month, Day, Year		e. PLACE OF I	NJURY (Home, farr	n, 20f. (City	ar town)	(Caun	ty)	(Stote)
7:30 6. m		While Not while of work of work	Home	et, office bldg., etc		ictoria.	Charle	a. Md	
	that I attended the o	deceased fram 5-21-5	59	ed at 6:25P	_M, fram		that I last s d an the do	aw the	deceased abave
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMAT- REMOVAL (Specif Burial	V.B.Detto	22c. NAME OF CEMETE				IION (City, town, o	.,	(Sto	ote)
3. FUNERAL DIRECTO		ADDRESS	311-1-41		D BY REGIST		TRAR'S SIGNA	TURE	
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "porting of in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral processory. Page 4 should be forwarded to the Chief Medical Examine Diffice along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal. VS. A15ME(5) 5M 9/55

Con.	9064 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Reg. Dist. No.
N	y. PLACE OF DEATH o. COUNTY Charles MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY Authority
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give, peaces) lown) O. A. Louis Lotto O. A. PERMANE OF HOSPITAL OR INSTITUTION (If not in hospital, give, street address)	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)
7	5 hysicans Memorial Hosp	d. STREET ADDRESS to 1415-22 with, S.E. VES NO.
	3. NAME OF DECEASED (Type or print) First Middle	1 VHNIER DEATH 8 20 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DWONGER 7.	Eeb-22, 1914 46 yrs. Months Days Haurs Min.
	10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTING International Construction of the Constructi	12. CITIZEN OF WHAT COUNTRY?
	15 FATHER'S NAME Lee Myhnier	14. MOTHER'S MAIDEN NAME OR MAINT
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16-SOCIAL SECURITY NO. 17. IN 19th, no of unknown) Ilf yes, give war or doles of service) 19th yes, give war or doles of service) 19th yes, give war or doles of service)	HORMANT Jos teller - La Grange, Ind
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, If ony, which gove rise to immediate cause (a), stating the underlying couse last. (c)	OCCLUSION INTERVAL DE NYEEN ONSET AND DEATH 8-20-60
う	ССТІС	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		nter nature of injury in Part t or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC facto of work of w	E OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) ry, streel, office bldg., etc.)
7	21. I certify that I took charge of the remains described above death resulted from Natural causes . Accident . Suice ACTUAL SIGNATURE	ve, held an Autopsy , Inspection , Inquiry , and find that ide , Homicide , Undetermined cause . DATE SIGNED
	EXAMINER'S E. J. EDELEN	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D 8-21-60
1	220 TURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR STORY S	Tiell La Trange Indiana 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
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Drigosally reported on a Fital Death cent. Dr. Jusan claims the child lived a very shoot time - 10/21/60 - The Film \$ 273

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	ute the certificate, writing the word "property" in pencil in Ite	orwarded to the Chief Medical Examina Office along with	FUNERAL DIRECTOR: Page 3 should be used as a burial-trans
	cute the certificate, writing the word "property" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should	forwarded to the Chief Medical Examina Office along with form PM3. Page 5 may be retained for you	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registral priar to burial cremot

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A		PLACE OF DEATH									before admission)
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	1	b. CITY OR TOWN (III and give nearest town		write RURAL	c. LENGTH OF STAY	IN 16 c. CI	Y OR TOWN (I	If outside corpore	ote limits, write	RURAL and give	re nearest town)
		Nanjemoy	(Rurs	1)		Na	njemoy	, (Rura	1)		
+	ľ	d. NAME OF HOSPIT	AL OR INSTITUTION	(If not in hos	pital, give street addre	ss) d. ST	REET ADDRESS				o. IS RESIDENC ON A FARM YES NO
		NAME OF DECEASED (Type or print)	4-74-	First	Middle	D	Losi	4. DATE OF DEATH	Mont		Day Year
	5. 9		Arlie	F 17. MADDIE	Ralph D NEVER MARRIE	Posey	BIRTI		August AGE (In years	6	1960 AR IF UNDER 24 HE
		Male	Negro	WIDOWE	DIVORCED	□ June	24 , 1	899	61 yrs.	Months Day	
	10a	n. USUAL OCCUPATION of working Retired F	ON (Give kind of wo ng life, even if retire Kiver Piol	d)	ind of Business or ipping (Ste						S.A.
	13.	FATHER'S NAME				14. MOTI	HER'S MAIDEN	NAME			TI -255 TO
1		Ralph Po	sey			Jos	ephine	Welch			
		WAS DECEASED EV	ER IN U. S. ARMED (If yes, give war or date)	of service)	SOCIAL SECURITY NO 77-22-8500	Mrs. Id		llett -	Address Sister		mov . Md.
					for (o), (b), and (c).] e Myocardi	al Infar	tion				nterval Between conset and Death Instant.
		Conditions, if e gave rise to immed (o), stating the	diate cause	(b)							
		couse lost.)	(c)							
	NO	PART II. OTH	HER SIGNIFICANT CO	ONDITIONS CO	INTRIBUTING TO DEAT	H BUT NOT RELATE	D TO THE TERM	INALDISEASE C	ONDITION GIV	EN IN PART 1(19. WAS AUTOPS
V	CAT			No	ne						YES NO
	CERTIFICATION	20g. EXTERNAL CAL PRIMARY or CON	NTRIBUTING	-	HOW INJURY OCCU				and the same of th		
	Z	20c. TIME OF INJUI			NJURY OCCURRED 2	De. PLACE OF INJ	JRY (Home, form	m, i 20f. (City or		(County)) (Stote
	MEDICAL	ca. 5:00		1960 While	rk In at work	factory, street,	office bldg., etc	Nanje	moy, Ch		Maryland
4					emains describe						\mathbf{X} , and find th
2		death resulted	from: Nature	al causes K	Accident	, Suicide,	Homicide	e 🔲, Unde	etermined o	ause .	
		ACTUAL SIGNATURE	7/12	sett	ex	M.D. CH	IEF MEDICAL E	XAMINER [DATE SIGNED
		EXAMINER'S NAME (Type)	V.B.Detto	r, M.D.		dAc	SISTANT MEDICAL	EXAMINER EXAMINER] 8	3-10-60	
	220	BURIAL, CREMATIO REMOVAL (Specify) BURIAL	8/12/19		22c. NAME OF CEMET a shington			22d. LOCATIO			(Stote)
1.1	22	FUNERAL DIRECTOR	1-1-1-1		ADDRESS	Macr. Jei		D BY REGISTRAN		STRAR'S SIGNA	TURF
1	64.										
(3)		REHART FUN			* LA PLAT	A MD		UG 15 '60		rthun S. A	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg. Dist. No.

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If ony delay is necessary, please exe-he funeral rector. Page 4 should be burjol, crematian, prior to TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If ony delacute the certificate, writing the word "perion" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral forworded to the Chief Medical Examinal Office olong with farm PM3. Poge 5 may be retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registral cute the certificate, writing the word "period" in pencil in Item 18. Giverworded to the Chief Medical Examina Office olong with form PM3.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit.

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FUNERAL DIRECTOR'S SIGNATURE

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	91	167 ME	DICAL EX	AMINER'	'S CERTIFICAT	IE OF DEAT	Reg. Dis	
1.	MACE OF PEATH o. COUNTY	les		MARYLAND	2. USUAL RESIDENCE (W		f Institution: Residen	ce before admission) /
ı	o. CITY OR TOWN (IF	outside corporate fimits, write	RURAL C. LENC	OTH OF STAY IN 16	11 11/1-1	butside corporole limit	s, write RURAL and (give nearest town)
	MAME OF HOSPITA	In S her	Morial give	street oddress)	d. STREET ADDRESS			ON A FARM?
	NAME OF DECEASED (Type or print)	arbara.	Ann	Middle /	Queen	4. DATE OF AUE	Month	12 19 60
5. S	'emale	6. COLOR OR RACE	7. MARRIED NI	EVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In lost birthd		YEAR IF UNDER 24 HRS.
10a	. USUAL OCCUPATION luring most of working	N (Give kind of work of life, even if retired)	done 10b. KIND OF 8	BUSINESS OR INDU	STRY 11. BIRTHPLACE (Shore	or foreign country)	DC 12. CITIZ	EN OF WHAT COUNTRY?
)13.	FATHER'S NAME	Ques	2h		14. MOTHER'S MAIDEN N		Warr	eh.
15. (Yes		R IN U. S. ARMED FO		ECURITY NO. 17.	INFORMANT Ohn Qu.	een U	Address elcox	ne.Md.
	PART I. DEATH	H [Enter only one cau H WAS CAUSED BY: MMEDIATE CAUSE (o)	Fluid a		rolyte loss	3		INTERVAL BETWEEN ONSET AND DEATH 3 days
	Conditions, If any, which gove rise to immediate couse							3 days
	(c), stoting the underlying DUE TO (c) (c)							
MEDICAL CERTIFICATION	PART II. OTHE	R SIGNIFICANT CONI		NG TO DEATH BUT	NOT RELATED TO THE TERMI	NALDISEASE CONDITION	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO PT
ERTIFIC	20a. EXTERNAL CAUS	SE WAS TRIBUTING []	b. DESCRIBE HOW IN		(Enter noture of injury in Port			
CALC	Nose exter			CCURRED 20e. PL	ACE OF INJURY (Home, form	ontaneous	Coun	ity) (State)
MED	Hour? o. m.	8-9- 196	No at work at	work 2	tory, street, office bldg., etc.	Welcome	Charle	s, Maryland
		at I took charge from: Natural (-		ove, held an Autopsy iicide , Homicide			, and find that
	ACTUAL SIGNATURE	VBJ	ettos	/	M.D. CHIEF MEDICAL EX			DATE SIGNED
	EXAMINER'S NAME (Type)	V.B.De	ettor, M.	.D.	ASSISTANT MEDICAL E		8-12	-6 0
1	DEMOVAL (Specify)	Aug. i	5.1960 S	AE OF CEMETERY O	therine	22d. LOCATION (City,	nohie,	Md.
23.	FUNERAL DIRECTOR'S	SIGNATURE CONTR	L Homas	RESSWald	02 f, M240. REC'E	BY REGISTRAR 246	REGISTRAR'S SIGN	NATURE 4

DATE AUG 1 9 '60

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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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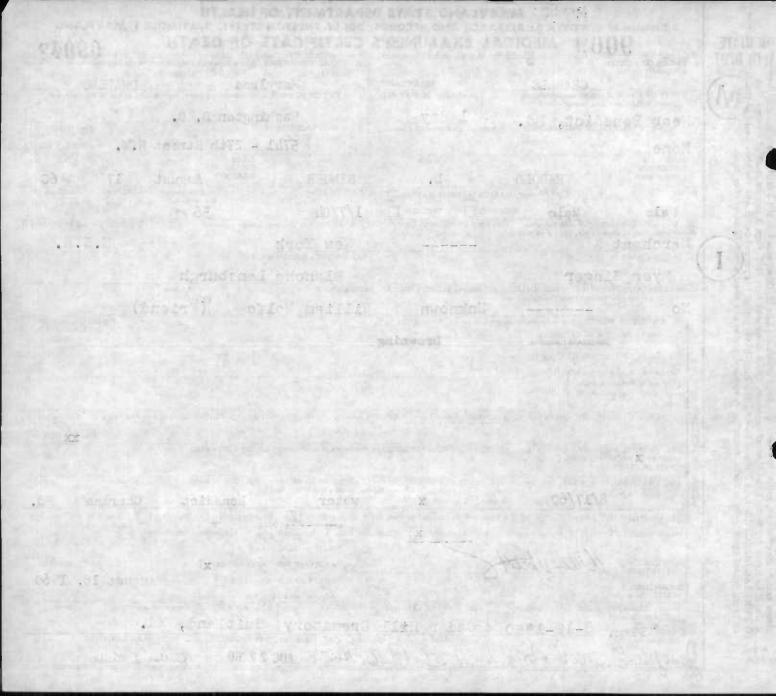
CERTIFICATE OF DEATH

Reg. Dist. No. 119041

1. PLACE OF DEATH				11 2	USUAL RESIDENCE	Where decease	d lived. If instituti	nn. Residence		ssion)
o. COUNTY	0.00		MARYL		o. STATE Marviane		b. COUNTY		COLORG GGIIII	,
b. CITY OR TOWN	elf . halds	s, write	c. LENGTH OF STAY I	N Ib	c. CITY OR TOWN (I			URAL ond oi	re negrest toy	vn)
, RYRAL Jogdygwy	negret town)		141411							,
	ITAL (If not in hospital, g		ddrau)	- 1	Non jemov	୬ ବିଧି			1 40 00	ESIDENCE
OR INSTITUTION	Memorial.L			10					ON	A FARM2_
	Memoriar.	ar Talu	a. Pu		None				YES [NO 🔼
3. NAME OF DECEASED	fin		Middle		Lost	4. DATE OF	Mon	th	Day	Year
(Type or print)	Arthur M					DEATH	0-0-00			19
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE		DATE OF SIRTH		9. AGE (In years lost birthdoy)		YEAR IF UNI	7
Male	W-US	WIDOWE	D DIVORCED		2-5-1888		71 yrs.	Months	oys nours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)	lone 10b. 1	KIND OF BUSINESS OR	RINDUSTR	Y 11. BIRTHPLACE (SIG	te or foreign o	ountry)	12. CITIZ	EN OF WHA	T COUNTRY
Bus Oper		-	ansportatio	on	Marvla	nd		US	A	
13. FATHER'S NAME				X-30-	14. MOTHER'S MAIDEN	A STATE OF THE PARTY OF THE PAR				
Enamuel So	ott			70.7	Angelin	a Adama				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO.	17. INFO	RMANT	ei Woferdie	Add	ress		
(Yes, no, or unknown)	(If yes, give wor or dates of se	ervice) 2:	18-14-3146	mee	de Illeralles	The same of the	an Marsha	1/2		
	Ami fo	i.	6 13 113 113	I MIT	ie Wheeler	-nament	er, Maru	Hy Mi		
	EATH [Enter only one contact that was caused by:	use per IIn	e for (0), (D), and (c).						ONSET AN	D DEATH
200	IMMEDIATE CAUSE (6)	Cere	bral Hemor	rhage				48-Hours		
280	DUE TO									
	onditions, if ony, which) (b) Arterio Scierosis								Indefinite	
gove rise to					The second					
lying couse lost		Meta	bolic Diso	rder-	Generalise	d Arthr	itis		Indef	inite
PART II. O	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	(o) 19. WAS	AUTOPSY
Ž.										ORMED?
20a. ACCIDENT W	AS UNDERLYING	20b. DESC	RIBE HOW INJURY OC	CURRED. (Enter nature of injury i	in Port I or Por	t II of item 18.)			, <u>[]</u>
PART II. OT	G CAUSE OF DEATH Y MEDICAL EXAMINER)									
	IRY Month, Day, Yea	20d IN	BURY OCCURRED	20e PLACE	OF INJURY (Home, fo	20f (City	os towal	100	unity)	(Stole)
20c. TIME OF INJU		While	Not while	foctor	y, street, office bldg.,	etc.)	or town,	(Co	uniyi	(21016)
		ot work								
21. I certify t	that I ottended the	decease	ed from Two Y	ears	, 19.58 , to 8	~60.	, 19	.,that I la	st saw the	decease
olive on 8-	8-60	_ 19	a, ond that	deoth o	ccurred at 9-2	3. AM, from	n the causes o	nd on the	date stat	ed abave
	11 400	5	1.				treet, city or town,			ATE SIGNE
ACTUAL SIGNATURE	10-12	···	le en	1	17-Potum	ac Ava-	Indian He	hM has	8-9	-60
1	Tama a 10 to	1	100							
PHYSICIAN'S NAME (Type)	James E. An	orrema	E MID							
-	ON 22h DATE THEPEO	F	220 NAME OF CEME	TERV OR C	DEMATORY 4	224 1004	TION (City, town, o			A
BREMOVAL (Specify	ON, 22b. DATE THEREO	60	In mil a	MAN OR C	Baptist	- 20. LOCA	and o ma	county)	Ms. (Sto	l'a a
23 FUNERAL DIRECTO	P'S SMUATITE		ADDRESS //	do	1 //-	CID BY DECIS	1060 24 0500	TRAP'S SIGN	LATURE	(and)
The House	1 11-1	/	The state of the	PUT	- ment	C'D BY REGISTAUG 15 1	50 Z40. REGIS	Thur S.		
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S ERTIFICATE OF DEATH Items 6.7 FilmG269 8-24-60 et 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) 1. PLACE OF DEATH a COLINTY a. STATE b. COUNTY araf director. Page is necessary, files. CHARLES MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) for your Washington D. C. day Board Near Benedi et Md L Lay d. STREET ADDRESS IS RESIDENCE ON A FARM? 5741 - 27th Street N.W. YES NO T State None NAME OF Middla DATE Year DECEASED er death. If a (Type or print) DEATH HAROLD L. STNGER 19 60 August with COLOR OR RACE 7. MARRIED W NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may t and 2 with 72 hours a last birthday) Male 56 yrs. Male WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Gile kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) 18. Give Pages 1, U.S.A. Merchant New York pages PM3 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Myer Singer Blanche Lansburgh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Medical Examiner's Office along with Friend No William Wolfe in pencil in Item certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN E ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: and Drowning IMMEDIATE CAUSE (e) DUE TO removal "ord "pending" geve rise to immediate cause (0) DUE TO SE (a), steting the undarlying should be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFICA 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part II of item 18,) execute the certificate, writing th CAUSE OF DEATH. DEPUTY MEDICAL EXAMINER should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ' Month, Dey, Yeer 20f. (Clty or town) (County) (Stete) 20c. TIME OF INJURY factory, streat, office bldg., etc.) While Not While 8/17/60 et work at work water Benedict Charles Md. 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion Accident X Suicide . Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER T DATE SIGNED SIGNATURE August 18, 1960 DEPUTY MEDICAL EXAMINER EXAMINER'S pinous NAME (Type) Addrass (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Hill Crematory Suitland, Md. Cedar Ö 40 Cremation 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATAUG 2 2 '60 Cirthun & Kraus 5M 7/59



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MARYLAND STATE DEPARTMENT OF HEALTH

90 PHYSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09043

	1. PLACE OF DEATH o. COUNTY Charles	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md b. COUNTY Charles							
	RURAL and give negrest tawn)	ife	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Waldorf						
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION		d. STREET ADDRESS				e. IS RESIDE ON A FA YES N		
	3. NAME OF DECEASED (Type or print) John Wa	Middle Liter Thom	Last	4. DATE OF DEATH	Month	2		60	
			B. DATE OF BIRTH	5 1860 3	AGE (In years IF	UNDER 1 YEAR		Min.	
	10a. USUAL OCCUPATION (Give kind af work done during most of warking life, even if retired) Farmer Farm		Marylan		ry)	12. CITIZEN OF		NTRY?	
I	FATHER'S NAME Unk		14. MOTHER'S MAIDEN Martha?						
_	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dotes of service) NO		en Barber, W	Maldorf, M	Address Maryland				
)	18. CAUSE OF DEATH [Enter only one couse per line far (compared to the part I. DEATH WAS CAUSED BY: DEATH WAS CAUSED BY: DUE TO	Nascula		ONDITION GIVEN	ONS	PERFORM	TOPSY		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Haur o. m. p. m. 19 of work of work of the control of the contro	occurred 20e. PLA foc at while are wark are edeceased fram.	M.D. ATTENDING PHYS. 22d. ADDRESS	arm, 20f. (City ar etc.) 1957, ta 00	tawn) Cody Z / Couses and o		pat (I) (we stated al	(State)	
	REMOVAL (Specify) 8-24 1960	DDRESS WOLLD	Can 2Sa. RE	23d tocation EC'D BY REGISTRAR 10G 2 4 '60		AR'S SIGNATU			

HEADO SO BIADRICADE OF DEATH The state of the s the second secon

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed. The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9071 CERTIFICATE OF DEATH

09044

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDE	2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY CHARLES MARYL	AND STATE MAN	CYLPRI) COUNTY (74	00155			
CITY (If outside corporate limits, write RURAL LENGTH O OR end give nearest town) (in this p	STAY CITY (If outside corp	orate Itmits, write RURAL and give ne	erest town)			
TOWN LA PLATA-	TOWN LL	1 /2 hd 15 de 1111 1	gain.			
HOSPITAL OR	STREET	(If rural give location)				
INSTITUTION OR STREET ADDRESS PHYSICIANS MEMORIA	ADDRESS					
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Dey) (Year)			
(Type or Print) (ARENCE EDWARD	HORNBURG-	DEATH HUGUS	73/ 1960			
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS.			
MALE W-US (Specify) WIDOWED	TAN 24 18761	84 yrs. Months	Deys Hours Min.			
1Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINES	S 11. BIRTHPLACE (State or fore		2. CITIZEN OF WHAT			
dona during most of working life, avan if OR INDUSTRY			COUNTRY?			
ARMER	9 010		0,3,4.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME				
William W. LADYNBURG	VICTOR	is HIATT				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. INFORMANT &	ADDRESS				
(Yes, no, or unk.) (If Yes, give war or datas of sarvica)	NE WILLST	DON BURG BON.	in in M.			
18. ME	INTERVAL BETWEEN					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH					
MANDIATE CAUSE (A) CENERALIZED HRTERIO-SCLEROSIS WITH						
ANTECEDENT CAUSE(S) DUE TO		(, '			
DISEASES OR CONDITIONS, IF ANY, (B)	- BENGL FRICE	RE (UKEMIA)	1 MOUNT by			
STATING UNDERLYING CAUSE LAST. DOE TO						
(C)						
TO THE DEATH BUT NOT RELATED TO THE						
DISEASE OR CONDITION CAUSING DEATH. 19e, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATIO						
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATIO	Y		2D. AUTOPSY?			
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, fector	y, 21c. WHERE DID INJURY OCCU	JR? (City or town) (Cou				
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., ale		par integrated	The Control of the Co			
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCC	JRRED 21f. HOW DID INJURY OCCI	JR?				
	t while work					
	1 12	110-31 10 60				
22. I hereby certify that I attended the deceased from						
alive on 70 57.3/19 (c.D., and that death	occurred at 2. M, from the	causes and on the date state	ed above.			
SIGNATURE Police No Griffer	HUGHESV	RESS (Street, city, town, state)	DATE SIGNED			
NOHN H. GRIFFAN	M. D.		9/1/60			
23. BURIAL, CREMATION, DATE THEREOF NAME OF	CEMETERY OR CREMATORY	LOCATION (City, town, or count	y) (Stata)			
1 BUYIAL 19-3-60 IN	MANUEL	BADEN 1	nd.			
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			
DATE OFD 7 180 Outland S. Krisana	The Hunt	- FUNEVAL HOME	Waldows Md			
DATE SEP 7 60 Celling 2. 10	110110100	Land Light Line	Muldo (1)			

4007

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09045

0016	CERTIFICA	TE OF DEATH	00020
o. COUNTY Charles	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If in a. STATE b. CO	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, w	vrite RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street of INSTITUTION OF INSTITUTION OF HOSPITAL (If not in haspital, give street of the haspital) OF HOSPITAL (If not in haspital, give street of the haspital)	vial Hosp.	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
B. NAME OF DECEASED (Type or print) WESTWOOL	Middle L. WiL	LIAMS SR, DATE OF DEATH	Month Day Year Aug 26, 1960
S. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In lost birth	years of UNDER 1 YEAR UNDER 24 HRS doy) Months Days Hours Min.
Male White WIDOW		April 18, 1899 61	yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	LACUTANCE	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
HARRY Willia	-MS	BESSIE AdAM	2.4
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) [If yes, give wor or dotes of service) 5	77-10-2590 G	NFORMANT LADVS E. WILLIAMS BA	Address EVDNtown Md.
1B. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	UTE PUELDIN	EPHRITIS (UREMIA)	IN DAY
600 A DUE TO			1
Conditions, if ony, which) (b)			
gave rise to immediate couse (a), stating the under-			
lying couse last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS FRACTURE L	CONTRIBUTING TO DEATH BUT	TNOT RELATED TO THE TERMINAL DISEASE CONDITION TNOT RELATED TO THE TROCK ANTER	PERFORMED?
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D, FELL AND	ED. (Enter nature of injury in Part I or Part II of item I	B. WHILE LEAVING
20c. TIME OF INJURY Manth, Doy, Year 20d. I Hour o. m. While of war	Nat while fo	ACE OF INJURY (Home, form, 20f. (City or town) sclory, street, office bldg., etc.)	(County) (Stor
		0	
21. I certify that (I) (this haspital) attends saw the deceased alive an 1906. 20		death accurred at/13/M, from the cause	
220. SIGNATURE	fex.	M.D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGN
22c. PHYSICIAN'S MAME (Type) JOHN H,	RIFFIN, M.J	122d. ADDRESS BOX 65 - HUG.	HESUICE MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	DR CREMATORY 23d. LOCATION (City,	town, or caunty) (State)
BURIAL 8-29-60	St Ma	rus Bryan	town Md.
24. FUNERAL DIRECTOR'S SIGNATURE			22010201010 10011121102
	ADDRESS /		REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 baurs after death. law requires that the death certificate be executed within 24 physician. may be retained by the haspital ar attending TO HOSPITAL OR ATTENDING PHYSICIAN

VR A1S (4) 1SM 9/59

